EXHIBIT A

Case 1:21-cv-00704-JLS-HKS Document 48-1 Filed 03/01/24 Page 2 of 8

STATE OF NEW YORK STANDARD FIRE CLAIM FORM (NYFC-1) PART 2

FURNISH ALL INFORMATION AS OF DATE OF LOSS, INDICATE "NA" FOR ANY ITEM NOT APPLICABLE TO YOU. USE REVERSE SIDE IF MORE SPACE REQUIRED.

1	OWNERSHIP INFORMATION—List names and addresses of: (a) Shareholders if a corporation, (b) Partners, including limited
	partners, (c) Trustees and beneficiaries. Note: List only those with an ownership interest of 25% or more, except for close corporations and beneficiaries where all owners should be listed. Also, list all shareholders when there are ten or less.
	NAME ADDRESS POSITION INTEREST%
	Corol Bell-Marcellin 192 Bells Brook Rd. Property 100 % 192 Bells Brook Rd. Grover 100 % MORTGAGEE INFORMATION: (a) Name and address of mortgagee(s) 1/14
2	MORTGAGEE INFORMATION: (a) Name and address of mortgagee(s)
	(b) Mortgage balance \$ (c) Mortgage installment payment(s)//? Due date(s) Amount(s) overdue \$
3	PURCHASE INFORMATION: Date purchased 10/1991 From whom Rivate Porty
4	Cash paid \$5/9,000 Total purchase price \$ /9,000 List all liens on property or business including all taxes overdue one year or more, amount and type: None
5	List current code violations—(Fire, safety, health, building, construction, or other).
6	LOSS INFORMATION: (Not required for federal or state chartered lending institutions). (a) List any losses to this property exceeding \$5,000 while you or anyone listed in item 1 or 2 above had an insurable interest in this property. AMOUNT(S) DATE(S) NO LOSSES
7	(b) List all losses within the last 5 years exceedingt \$5,000 to any other property for fraud or arson related to this or other property AMOUNT(S) DATE(S) NAME(S) List convictions within the last 5 years of anyone with a financial interest in this property for fraud or arson related to this or other
	property. No Conviction
8	VACANCY: (a) Indicate seasonal period, if any, when building is unused Year Round Mesidence (b) For residential building, indicate: Total units one cent Vacant units (c) For other buildings, indicate: Total annual rental income \$
	(v) Was water, sewage, electricity or heat out of service? [] Yes [] No. If yes, explain
9	(vi) Was the building offered for sale? [] Yes [] No. If yes, indicate name and address of broker, if any: List any policy or coverage on this property which has been declined, cancelled or non-renewed in the last 3 years. AMOUNT OF INSURANCE CARRIER POLICY NO. * "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."
	SIGNATURE OF CLAIMAN TOOL BUIL NOVAL DESTRUCTION DATE 02/03/2026 THIS IS NOT A PROOF OF LOSS, OTHER FORMS MAY BE REQUIRED AS PROVIDED IN YOUR POLICY.

AD 146(2)

State of New York Standard Fire Claim Form (Part 2)

(New York)

INSTRUCTIONS:

This form is to be used to document pertinent claim information concerning fire loss for commercial or residential property, to be prepared by the claims Adjuster, and dated and signed by the Claimant. Information to be included on the form:

- Ownership (ownership interest of 25% or more) Information (names and addresses of (a) Shareholders if a corporation, (b) Partners, (c) Trustees and beneficiaries)
- 2. Mortgagee Information
- 3. Purchase Information (date purchased, from whom, cash paid, total purchase price);
- 4. List all liens on property or business;
- 5. List current code violations;
- Loss Information (not required for federal or state chartered lending institutions);
- List convictions within the last 5 years of anyone with a financial interest in the property for fraud or arson;
- Vacancy (Indicate seasonal period if any, when building is unused, Total units and Vacant units for Residential building, etc.);
- List any policy or coverage on this property that has been declined, cancelled or non-renewed in the last 3 years (Date, Amount of Insurance, Carrier, Policy Number).

The appropriate New York Fraud Statement has been included on the form.

Questions regarding this form can be directed to the:

New York State Insurance Department Property Bureau 25 Beaver Street New York, New York, 10004 212-480-5665

Insured's Marno:	
Claim Number:	
Company Name:	

Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

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27			microwase	G.E.		Wolman	William services and annual	2013	6	53			Kitche
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29	*	many	Cookware / pots/pans	Various			MARA	26/0-2017	1			****************	kitche
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Company Name:	24.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
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Any person who knowingly presents a false or fraudulent insurance claim for the payment of a loss may be guilty of a crime and may be subject to fines and confinement in state prison.

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Insured's Name:	

Claim Number:	1144-1450-1-Williams
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